

## CLAIMS

1. Method for identifying a subject at risk of  
5 developing hypertensive end organ damage, comprising:
  - (a) obtaining a biological sample of said subject;
  - (b) determining the level of at least one non-myocytical  
marker in said sample;
  - (c) comparing the level of said marker to a standard  
10 level; and
  - (d) determining whether the level of the marker is  
indicative of a risk for developing hypertensive end organ  
damage.
2. Method as claimed in claim 1, wherein the  
15 biological sample is a plasma sample derived from peripheral  
blood.
3. Method as claimed in claim 1 or 2, wherein the  
non-myocytical marker is a protein.
4. Method as claimed in claim 3, wherein the non-  
20 myocytical marker is galectin-3.
5. Method as claimed in claim 3, wherein the non-  
myocytical marker is thrombospondin-2.
6. Method as claimed in any of the claims 1-5,  
wherein the level of the marker is measured by an enzyme-  
25 linked immunosorbent assay (ELISA).
7. Use of one or more non-myocytal markers for  
identifying a subject at risk of developing congestive heart  
failure.
8. Use as claimed in claim 7, wherein the marker is a  
30 protein.
9. Use as claimed in claim 8, wherein the protein is  
galectin-3.
10. Use as claimed in claim 8, wherein the protein is

thrombospondin-2.

11. Use of galectin-3 and/or modulators thereof for the manufacture of a medicament for the prevention and/or treatment of hypertensive end organ damage.

- 5        12. Use of thrombospondin-2 and/or modulators thereof for the manufacture of a medicament for the prevention and/or treatment of hypertensive end organ damage.